

APPLICATION FOR BUILDING PERMIT

1

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION
MAKE CHECKS PAYABLE TO:
HARVEY T. BRANDT, COUNTY ENGINEER

FOR APPLICANT TO FILL IN
(Print or type only)

BUILDING ADDRESS	27610 EASTVALE DR.		
LOT NO.	40	BLOCK	
TRACT	17208		
SIZE OF LOT	NO. OF BLDGS. NOW ON LOT 1		
USE OF EXISTING BLDG.	Residence		
OWNER	GLENN SHAFER	TEL. NO.	377-5521
ADDRESS	27610 EASTVALE DR.		
CITY	ROLLING HILLS ESTATES		
ARCHITECT OR ENGINEER	DEAN SMITH	TEL. NO.	377-5521
ADDRESS	608 SILVER SPUR RD. PVP.		
CONTRACTOR	ZIGMONT MILLER	TEL. NO.	377-5521
ADDRESS	608 SILVER SPUR RD		
CITY	PVP.	LIC. NO.	269953
CONSTRUCTION LENDER NAME AND BRANCH	NONE -		
ADDRESS			
SQ. FT. SIZE	NO. OF STORIES	NO. OF FAMILIES	NEW <input checked="" type="checkbox"/>
USE OF STRUCTURE	SUNNING POOL		
SIGNATURE OF APPLICANT	[Signature]		
VALUATION \$	3500.00		
P.C. FEE \$	7.05	PMT. FEE \$	23.50

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING BUILDING CONSTRUCTION. I CERTIFY THAT IN DOING THE WORK AUTHORIZED HEREBY I WILL NOT EMPLOY ANY PERSON IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA IN RELATING TO WORKMEN'S COMPENSATION INSURANCE.

SIGNATURE OF PERMITTEE: [Signature]
ADDRESS: _____

ASSESSOR MAP BOOK	PAGE	PARCEL
BUILDING ADDRESS	27610 Eastvale Dr.	
LOCALITY	County	
NEAREST CROSS ST.	Sunridge	
DISTRICT NO.	GROUP	TYPE OF CONST.
12	Pool	Residence
STATISTICAL CLASSIFICATION	SEWER MAP	
CLASS NO. 31	DWELL. UNITS 0	BK PG
USE ZONE	MAP NO.	SPECIAL CONDITIONS
RA	4913	120M
BLDG. SETBACK FROM FRONT PROP. LINE OF	Eastvale (STREET)	
TYPE OF HIGHWAY	EXISTING WIDTH	SETBACK FROM C.L.
200	50	
BLDG. SETBACK FROM SIDE PROP. LINE OF	(STREET)	
TYPE OF HIGHWAY	EXISTING WIDTH	SETBACK FROM C.L.
CORNER CUTOFF YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
SEE REVERSE SIDE FOR SPECIAL APPROVALS		
CONSTRUCTION TO CONFORM WITH EXPANSIVE SOIL DETAILS OF PLANS		
APPROVALS DATE INSPECTOR'S SIGNATURE		
FOUNDATION: LOCATION FORMS, MATERIALS	3-13-74 [Signature]	
FRAME: FIRE STOPS, BRACING, BOLTS		
FURNACE: LOCATION, GAS VENT, DUCTS		
LATHING	7-19-74	[Signature]
LATH, ETC.	7-19-74	[Signature]
HOUSE NUMBER CORRECT AND POSTED		
FINAL	7-19-74	[Signature]

PLAN CHECK VALIDATION

CK. M.O. CASH
7 4 5 FEB 28 2 1 A 7.05 B6

7 0 3 MAR 6 2 3 A
031

PERMIT VALIDATION

CK. M.O. CASH
0 3 2 7 0 3 MAR 6 1 A 23.50 ..

KACNO

INSPECTOR COPY

SPECIAL APPROVALS					
	REQUIRED		DATE SENT	DATE RETURNED	DATE APPROVED
	YES	NO			
WATER CERTIFICATE		✓			
ROAD DEPT.		✓			
HEALTH DEPT.		✓			
FIRE DEPT.		✓			
GRADING		✓			
GEOLOGICAL	✓				3/6/74
PEDESTRIAN PROTECTION (FENCE) (CANOPY)		✓			
SPECIAL INSPECTION ON (CONC.) (MASRY.) (WELDG.)		✓			
LOT DRAINAGE		✓			
PARKING		✓			

PLANS TO APPLICANT				NO. REC'D
TO:		RETURNED		
NO	DATE	NO	DATE	

APPLICATION FOR BUILDING PERMIT

FOR APPLICANT TO FILL IN (Print or type only)

1

BUILDING ADDRESS 27610 EASTVALE DR			
CITY		ZIP	
SIZE OF LOT	NO. OF BLDGS. NOW ON LOT		
TRACT 17208	BLOCK	LOT NO. 40	
OWNER GLEN SHAFFER		TEL. NO. 3775521	
ADDRESS SAME			
CITY		ZIP	
ARCHITECT OR ENGINEER DEMIS SMITH		TEL. NO. 3775521	
ADDRESS 608 SILVER SPUR			
CONTRACTOR CAYMAN		TEL. NO. 377-5521	
ADDRESS SAME		LIC. NO.	
CITY		LIC. CLASS	
CONSTRUCTION LENDER NAME AND BRANCH none			
ADDRESS		CITY	
SQ. FT. SIZE	NO. OF STORIES	NO. OF FAMILIES	CHECK ONE
DESCRIPTION OF WORK			NEW <input checked="" type="checkbox"/>
POOL DECK			ADD <input type="checkbox"/>
			ALTER <input type="checkbox"/>
USE OF EXISTING BLDG.			REPAIR <input type="checkbox"/>
			DEMOL <input type="checkbox"/>
APPLICANT (PRINT) DEMIS H. SMITH		TEL. NO. 3775521	
BY (SIGNATURE) <i>[Signature]</i>			
VALUATION \$ 1000.00			
<p>I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING BUILDING CONSTRUCTION. I CERTIFY THAT IN DOING THE WORK AUTHORIZED HEREBY I WILL NOT EMPLOY ANY PERSON IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA IN RELATING TO WORKMEN'S COMPENSATION INSURANCE.</p>			
SIGNATURE OF PERMITTEE <i>[Signature]</i>			
ADDRESS 608 SILVER SPUR RD			
CITY PUP		TEL. NO. 377-5521	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> MAKE CHECKS PAYABLE TO: HARVEY T. BRANDT, COUNTY ENGINEER </div>			

COUNTY OF LOS ANGELES DEPARTMENT OF COUNTY ENGINEER BUILDING AND SAFETY DIVISION			
BUILDING ADDRESS 27610 Eastvale Dr.			
LOCALITY County			
NEAREST CROSS ST. Sunnyridge			
ASSESSOR MAP BOOK 1570	PAGE 9	PARCEL 14	
DISTRICT 12	GROUP Deck	FIRE ZONE 3	PROCESSED BY Tom
STATISTICAL CLASSIFICATION		SEWER MAP	
CLASS NO. NO DWELL. UNITS 0		BK PG	
ZONE 1/10M	MAP NO. 4913	SPECIAL CONDITIONS	
ROAD DEPARTMENT APPROVAL REQUIRED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
BLDG. SETBACK FROM FRONT PROP. LINE OF _____ (STREET)			
HIGHWAY + YARD =	TOTAL SETBACK FROM FRONT PROP. LINE	TYPE OF HIGHWAY	EXISTING WIDTH
+ NO =		Loc	50
BLDG. SETBACK FROM SIDE PROP. LINE OF _____ (STREET)			
HIGHWAY + YARD =	TOTAL SETBACK FROM SIDE PROP. LINE	TYPE OF HIGHWAY	EXISTING WIDTH
+ =			
CORNER CUTOFF YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
IN OPEN SPACE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
IN COASTAL ZONE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
ENVIRONMENTAL IMPACT		CATEGORICAL EXEMPTION YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		EXEMPTION DECLARATION SIGNED _____ (DATE)	
		IMPACT REPORT PROCESSED _____ (DATE)	
FINAL DATE 2-19-74 BY <i>[Signature]</i>			
P.C. FEE \$ 6.00		PMT. FEE \$ 10.00	

PLAN CHECK VALIDATION ☒ CASH

PERMIT VALIDATION ☒ CASH

211174 APR 29 23 6:00 PM 6232374 MAY 3 1A 10.00 38

[Signature]

KAONO

INSPECTOR COPY

PLANS TO APPLICANT					INSPECTOR'S NOTES	
TO:		RETURNED		APPROVED		
NO.	DATE	NO.	DATE			
APPROVALS		REQUIRED		DATE RECEIVED OR APPROVED		
		YES	NO			
WATER CERTIFICATE						
HEALTH DEPARTMENT						
FIRE DEPARTMENT						
GRADING						
GEOLOGICAL						
PEDESTRIAN PROTECTION (FENCE) (CANOPY)						
SPECIAL INSPECTION (CONC.) (MASNRY.) (WELDG.)						
LOT DRAINAGE						
PARKING						
APPROVALS		DATE		INSPECTOR'S SIGNATURE		
LOCATION - (SETBACK & YARDS)		EXIST				
FOUNDATIONS		"				
FRAME		7-19-74				
LATH/DRYWALL INTERIOR						
LATH-EXTERIOR						
HOUSE NUMBER - CORRECT & POSTED						
FINAL - ENTER ON FRONT		7-19-74				

APPLICATION FOR ELECTRICAL PERMIT

1

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION

FOR APPLICANT TO FILL IN

OUTLETS		NO.	EACH	FEE
RECEPT. _____	TOTAL	FIRST 20	.25	
LIGHT _____		OVER 20	.10	
SWITCH _____				
LIGHTING _____	TOTAL	FIRST 20	.25	
FIXTURES _____		OVER 20	.10	
RESIDENTIAL APPLIANCES				
RANGE _____ DRYER _____ WTR. HTR. _____				
STA. COOK _____ DISP. _____ F.A.U. _____				
SPACE HTR. _____ AIR COND. _____				
CLOTHES WASH. _____ DISHWASH. _____				
FAN _____ OTHER _____			1.00	
MOTORS, TRANSFORMERS IND. HEATERS, ETC. SIZE & TYPE		RATING HP. KW. KVA. OVER TO		
		0 - 1	1.00	
		1 - 10	3.00	
		10 - 50	5.00	
		50 - 100	10.00	
		100 - 500	15.00	
SIGN, GAS TUBE, OR MARQUEE	SIGN AND ONE CIRCUIT		5.00	
	ADDITIONAL CIRCUITS		1.00	
SERVICE NOT OVER 600 VOLTS OR 200 AMP			3.00	
SERVICE OVER 600 VOLTS OR 200 AMP			10.00	
TEMP SERVICE, POLE, & APPURTENANCES			5.00	
TEMP LIGHT OR RECEPT. SYSTEM			3.00	
POOL LT			1.00	
PERMIT FEE (SUB TOTAL)			1.00	
PLAN CHECK FEE				
PERMIT ISSUING FEE		3.00	3.00	
TOTAL FEE			4.00	

JOB ADDRESS	27610 EASTVALE DR.		
LOCALITY	Rolling Hills		
NEAREST CROSS ST.	RAINBOW RIDGE		
OWNER OR FIRM NAME	GLENN SHAFER		
MAIL ADDRESS	27610 EASTVALE DR.		
CITY	ROLLING HILLS	TEL. NO.	377-5521
PLAN CHECK APPLICANT			
ADDRESS			
CITY		TEL. NO.	
PERMIT APPLICANT	Zigmunt Muller		
ADDRESS	608 Silver Spur		
CITY	P.O.P.	TEL. NO.	377-5521
LICENSE OR REG. NUMBER	269953	CLASS	C36
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING ELECTRICAL WIRING.			
HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.			
PERMITEE SIGNATURE	K. Shaffer		

DISTRICT NO.	12	
PROCESSED BY	Bewley	
APPROVALS	DATE	INSPECTOR'S SIGNATURE
TEMP. POWER POLE		
UNDERSLAB WORK		
ROUGH CONDUIT	4-1-74	May
WIRING	2-19-74	Shaffer
FIXTURES	2-19-74	May
POWER AUTHORIZED		
UTILITY CO. NOTIFIED		
FINAL	2-19-74	May
NOTES:	3-13-74 May Bonding dr.	

PLAN CHECK VALIDATION

CK.

M.O.

CASH

PERMIT VALIDATION

CK.

M.O.

CASH

039 MAR 6 2 A

4.00..

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INSPECTOR COPY

APPLICATION FOR PLUMBING PERMIT

1

COUNTY OF LOS ANGELES
DEPARTMENT OF COUNTY ENGINEER
BUILDING AND SAFETY DIVISION

MAKE CHECKS PAYABLE TO:

HARVEY T. BRANDT, COUNTY ENGINEER

FOR APPLICANT TO FILL IN (PRINT OR TYPE)

NUMBER	FIXTURE OR ITEM	@	FEE
	WATER CLOSET	1.75	
	BATH TUB	1.75	
	SHOWER	1.75	
	LAVATORY	1.75	
	SINK	1.75	
	DISHWASHER	1.75	
	CLOTHES WASHER	1.75	
	SWIMMING POOL RECEPTOR	1.75	
	LAWN SPRINKLER SYSTEM	1.75	
	WATER HEATER	1.75	
1	GAS SYSTEM OUTLETS	1.75	1.75
	OUTLETS OVER 5 PER SYSTEM	.30	
	Pool receptor		1.75

Plan check fee

See Reverse

PLUMBING PERMIT ISSUING FEE \$

3 00

TOTAL FEE

3.75
4.75

Plan check applicant

Name

Address

City

Tel. No.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING PLUMBING.

I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF, AND INTEND TO RESIDE IN THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.

SIGNATURE
OF PERMITTEE

PLAN CHECK VALIDATION

CK. M.O. CASH

BUILDING
ADDRESS

27610 EASTVALE DR.

LOCALITY

ROLLING HILLS

NEAREST
CROSS ST.

RAINBOW RIDGE.

OWNER

GLEN SCHAFFER

MAIL
ADDRESS

27610 EASTVALE DR.

CITY

ROLLING HILLS CA TEL. NO. 377-5521

CONTRACTOR

ZIEGEMONT MILLER

ADDRESS

608 SILVER SPUR

CITY

EVP

TEL. NO.

377-5521

STATE
LICENSE NO.

269953

LIC
CLASS

C 36

DISTRICT NO.

12

GROUP

POOL

ZONE

PROCESSED BY

PA Bevelley

INDUSTRIAL
WASTE APPROVAL

INSPECTION RECORD

APPROVALS

DATE

INSPECTOR'S SIGNATURE

UNDER SLAB WORK

ROUGH PLUMBING

GAS PIPING

2-19-74 May

GAS VENT

HOT WATER HEATER

PLUMBING FIXTURES

GAS TEST

4-1-74 May

UTILITY CO. NOTIFIED

FINAL

2-19-74 May

PERMIT VALIDATION

CK. M.O. CASH

0.35

MAR 6 5 A

4.75 ..

KACNO

INSPECTOR COPY

COUNTY OF LOS ANGELES
ROAD DEPARTMENT
1540 ALCAZAR STREET
LOS ANGELES 33, CALIFORNIA

SWIMMING POOL CLEARANCE

TO BE FILLED OUT BY
PROPERTY OWNER

LOCATION OF POOL

Owner's Name GLENN SHAFFER

Address 27610 S. EASTVALE DR.

Owner's Signature X *Glenn Shaffer*

TO BE FILLED OUT BY
BUILDING & SAFETY OFFICE

SEWER NON-AVAILABILITY STATEMENT

A sanitary sewer connection is not available for swimming pool emptying purposes on the above property.

J. R. Allen, Supervising Mechanical Engineer
Building and Safety Division
Department of County Engineer

By *Darryl Kondo*

Dist. # 12 Phone 326-3630 Date 3/6/74

TO BE FILLED OUT BY
ROAD DEPARTMENT

POOL DRAINAGE INTO STREET

THIS IS NOT A PERMIT but is to certify that because of the non-availability of a sanitary sewer connection the Los Angeles County Road Department will issue a permit to empty the swimming pool listed below into the street gutter at times satisfactory to the Department.

No permission will be granted to discharge swimming pool filter drainage or backwash to the street nor will any permit be issued for pool emptying when the property is connected to a sanitary sewer of adequate capacity.

R. L. Johnson
Utilities Engineer

By *R. R. Ashmud*
HEAD CONSTRUCTION INSPECTOR

Date 3-8-74

Road Permit Office:

Office Hours: 7:30-9:00 A.M. - - 3:00-4:00 P.M.

Prepare in Triplicate
Copies to: Owner
County Engineer
Road Department